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## Facts on Children's Mental Health in America

The reports by the U.S. Surgeon General<sup>1</sup> and President Bush's New Freedom Commission on Mental Health offer great hope to the millions of children and adolescents living with mental disorders and their families.<sup>2</sup> Through appropriate identification, evaluation, and treatment, children and adolescents with mental disorders can lead productive lives. They can achieve success in school, in work, and in family life. Nonetheless, the overwhelming majority of children with mental disorders fail to be identified, lack access to treatment or supports, and needlessly suffer throughout their lives. Stigma persists, and millions of young people in this country are left behind.

### Prevalence of Child and Adolescent Mental Disorders

- Four million children and adolescents in this country suffer from a serious mental disorder that causes significant functional impairments at home, at school, and with peers. Twenty-one percent of our nation's children ages 9 to 17 have a diagnosable mental or addictive disorder that causes at least minimal impairment.<sup>1</sup>
- Half of all lifetime cases of mental disorders begin by age 14. Despite effective treatments, there are long delays, sometimes decades, between the first onset of symptoms and when people seek and receive treatment. An untreated mental disorder can lead to a more severe, more difficult to treat illness, and to the development of co-occurring mental illnesses.<sup>3</sup>
- In any given year, only 20% of children with mental disorders are identified and receive mental health services.<sup>4</sup>

### Consequences of Untreated Mental Disorders in Children and Adolescents

#### *Suicide*

- Suicide is the third leading cause of death in youth aged 15 to 24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.<sup>5</sup> Over 90% of children and adolescents who commit suicide have a mental disorder.<sup>6</sup>
- In 2002, almost 4,300 young people ages 10 to 24 died in this country by suicide.<sup>7</sup>
- States spend nearly \$1 billion annually on medical costs associated with completed suicides and suicide attempts by youth up to 20 years of age.<sup>8</sup>

#### *School Failure*

- Approximately 50% of students with a mental disorder age 14 and older drop out of high school; this is the highest dropout rate of any disability group.<sup>9</sup>

#### *Juvenile and Criminal Justice Involvement*

- Youth with unidentified and untreated mental disorders also tragically end up in jails and prisons. According to an NIMH funded study – the largest ever undertaken – an alarming 65% of boys and 75% of

- Locking youth up – an alarming 65% of boys and 75% of girls in juvenile detention have at least one psychiatric disorder.

### **What are the anti-screening and anti-psychiatry groups saying about TeenScreen and the NFC report?**

These groups claim that the federal government is calling for mandatory, universal mental health screening without parental consent of all of our nation's children. These groups claim that screening leads to labeling children and forcing them onto medications. They also claim a conspiracy between the Bush administration, organized psychiatry and the pharmaceutical industry to get as many children as possible onto psychotropic medications. They claim that the TeenScreen program does not require parental consent, leads to children being inappropriately diagnosed and results in children improperly being placed on psychotropic medications. These campaigns of misinformation are designed to stir up fear, confusion and outrage. They certainly drive up stigma.

### **What is the truth about the TeenScreen program and Goal 4 of the NFC report?**

No one is calling for mandatory mental health screening without parental consent. Not the TeenScreen program, not President Bush, not the NFC report, not mental health advocates – no one. And, a simple reading of the NFC report makes that fact clear. In fact, the report calls for parental involvement and collaboration in screening and early identification. Here are several quotes from Goal 4 of the report:

“Clearly, school mental health programs must provide any screening or treatment services with full attention to the confidentiality and privacy of children and families.” (pg. 62)

“The Commission recommends that Federal, State, and local child-serving agencies fully recognize and address the mental health needs of youth in the education system. They can work collaboratively with families to develop, evaluate, and disseminate effective approaches for providing mental health services and supports to youth in schools along a critical continuum of care. This continuum includes education and training, prevention, early identification, early intervention, and treatment.” (pg. 62)

Fulfilling the promise of the No Child Left Behind Act of 2001 in helping all children to achieve their full potential by ... “working with parents, local providers, and local agencies to support screening, assessment, and early intervention ...” (pg. 62)

Contrary to the claims of those attacking the TeenScreen program, the TeenScreen program requires parental consent and teen assent to participate before any screening can be done. It does not provide a diagnosis nor does the screening result in a child receiving psychotropic medication. Instead, it identifies teens that may be at risk and works with the family to link them with a mental health professional for an evaluation.

### **What can NAMI leaders and families do to set the record straight on mental health screening?**

- Contact state and federal lawmakers to help educate them about the public health crisis in unidentified mental illnesses in children and the benefits of early identification and mental health screening. Let them know that anti-psychiatry groups are behind organizing these campaigns of misinformation;
- Set the record straight whenever you learn of misinformation related to mental health screening through letters to the editor, meetings with state leaders and legislators, through work with state-based coalitions and through other appropriate vehicles; and
- Continue to notify NAMI national about these anti-screening attacks in your state and community so that we can continue to support your advocacy work (email Dana Crudo at [danac@nami.org](mailto:danac@nami.org)).